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Bib Data Sheet

CONFIRMATION NO. 9350

<b>SERIAL NUMBER</b> 10/520,833	<b>FILING OR 371(c) DATE</b> 07/29/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> UGRF125155
<b>APPLICANTS</b> Stanley H. Kleven, Athens, GA; Naola Ferguson, Snellville, GA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/22011 07/10/2003 which is a CIP of 10/194,180 07/13/2002				
<b>** FOREIGN APPLICATIONS *****</b> <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 65
		<b>INDEPENDENT CLAIMS</b> 10		
<b>ADDRESS</b> 26389				
<b>TITLE</b> Mycoplasma gallisepticum formulation				
<b>FILING FEE RECEIVED</b> 2190	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	